

**TRANSMITTAL FORM**Attorney Docket No.
P3184/2882P

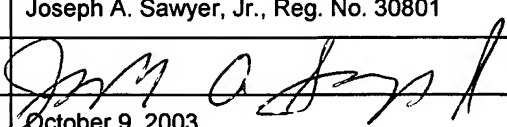
\$

In re the application: **Douglas L. HEIRICH, et al.**Confirmation No. **8959**Serial No: **10/600,127**Group Art Unit: **2183**Filed: **June 20, 2003**Examiner: **n t assigned yet**For: **Processor Module Mounting Assembly and a Method of Use**

ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input checked="" type="checkbox"/>	Formal Drawings (9 sheets)	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input checked="" type="checkbox"/>	Response to Missing Parts				
<input checked="" type="checkbox"/>	Executed Declaration & POA by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	13	0	\$18.00	\$ 0.00
Independent Claims	0	2	0	\$86.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. 6478 in the amount of \$ 130.00 is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30801
Signature	
Date	October 9, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: October 9, 2003	
Type or printed name	Yolanda Kepner
Signature	